

Application for Manufactured Home Set-Up Permit  
(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Andrew Johnson Address: 2209 Docs Rd  
City: Lillington State: NC Zip: 27546 Daytime Phone: (910) 514-9322

Landowner Information (To be completed by landowner, if different than above)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.  
Name, address, & phone must match information on license)

- A. Set-Up Contractor Company Name: Raven Rock MH Movers  
Phone: 919-775-3600 Address: 3335 NC Hwy 87 S  
City: Sanford State: NC Zip: 27332  
State Lic# 3400 Email: N/A
- B. Electrical Contractor Company Name: Bill Watt Ect  
Phone: 919-842-7602 Address: 193 Oakwood Ct  
City: Spring Lake State: NC Zip: 28390  
State Lic# 23887-L Email: \_\_\_\_\_
- C. Mechanical Contractor Company Name: owner  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# \_\_\_\_\_ Email: \_\_\_\_\_
- D. Plumbing Contractor Company Name: owner  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

Part III - Manufactured Home Information

Model Year: 1993 Size: 14x26 Complete & follow zoning criteria sheet  
Park Name: DDD+T LLC Lot Number: 25

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked

Andrew Johnson  
Signature of Home Owner or Agent

9/11/18  
Date

\*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

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# E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES

3335 NC 87 Highway S.  
SANFORD, NORTH CAROLINA 27332  
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) <u>Andrew Johnson</u>		PHONE <u>910-496-0878</u>	DATE <u>7-9-15</u>
ADDRESS <u>334. Leetled Ch. Rd. Lillington NC 27548</u>		SALESPERSON <u>Chris</u>	
DELIVERY ADDRESS <u>TPO</u>			
MAKE & MODEL <u>INAE</u>	YEAR <u>93</u>	BEDROOMS <u>2</u>	FLOOR SIZE <u>L 76 W 14</u>
SERIAL NUMBER <u>IHNCO19301470</u>		HITCH SIZE <u>L 20 W 14</u>	STOCK NUMBER
COLOR		PROPOSED DELIVERY DATE <u>ASAP</u>	KEY NUMBERS
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED			
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		BASE PRICE OF UNIT	
<u>Del. L set to County Codes</u>		\$ <u>12,500.00</u>	
		OPTIONAL EQUIPMENT	
		\$ <u>1500.00</u>	
		SUB-TOTAL	
		\$ <u>14,000.00</u>	
		SALES TAX	
		NON-TAXABLE ITEMS	
		VARIOUS FEES AND INSURANCE	
		CASH PURCHASE PRICE	
		\$ <u>14,000.00</u>	
		TRADE-IN ALLOWANCE \$	
		LESS BAL. DUE on above \$	
		NET ALLOWANCE \$	
		CASH DOWN PAYMENT \$ <u>5000</u>	
		CASH AS AGREED \$	
		LESS TOTAL CREDITS \$	
		SUB-TOTAL	
		\$ <u>9,000.00</u>	
		SALES TAX (If Not Included Above)	
		Unpaid Balance of Cash Sale Price	
		\$ <u>9,000.00</u>	
<u>Sold As IS where IS</u>		Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.	
		ESTIMATED RATE OF FINANCING <u>10</u> %	
<u>Tires &amp; Axles to be returned to Dealer</u>		NUMBER OF YEARS <u>2 1/2</u>	
		ESTIMATED MONTHLY PAYMENTS \$ <u>322.00</u>	
<u>First Payment Due: Aug 15th</u>		THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS AGREEMENT.	
		BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.	
<u>Every Payment Due on the 15th</u>		I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.	
		BALANCE CARRIED TO OPTIONAL EQUIPMENT \$	
<b>NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.</b>			
DESCRIPTION OF TRADE-IN	YEAR	SIZE	
MAKE	MODEL	BEDROOMS	
TITLE NO.	SERIAL NO.	COLOR	
AMOUNT OWING TO WHOM			
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER			
E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES		DEALER	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent			
Approved By <u>[Signature]</u>		SIGNED X <u>[Signature]</u> BUYER	
		SOCIAL SECURITY NO. <u>[Signature]</u>	
		SIGNED X <u>246110863</u> BUYER	
		SOCIAL SECURITY NO. <u>[Signature]</u>	

DDD&T,LLC  
Lease Agreement

Property Location Lot 25-271 Legacy Lane  
Date 8-14-18

We/I Andrew Johnson, hereinafter called the lessee, offer and agree to rent from DDD&T,LLC, hereinafter called the lessor, the Lot # 25 located at 271 Legacy Lane on a basis beginning on the 4<sup>th</sup> day of Aug year 2018. At a rental of \$ 150.00 per month. Payable in advance on the 15<sup>th</sup> day of each month. A deposit of \$ 150.00 will be paid in advance of first months rent.

We further agree to conditions as follows:

1. To maintain this property in as good condition as we find it, reasonable Wear and tear expected.
2. To give 30 days written notice of intention to vacate before the End of the rental period.
3. If rent if not paid by the 5 day of the month, a late charge of \$ 15.00 will be paid.
4. Failure to pay rent by the 10<sup>th</sup> day of the month shall be termed as a breaking of the lease.
5. Rent is subject to increase with 30 day written notice.

Other conditions:

- A. Lessee shall not have the right or power to sublet the premises or any part thereof, or to transfer or assign lease without the written consent of the lessor.
- B. Lessee shall have the responsibility for acquiring all utilities used or consumed by the lessee on the premises.
- C. Lessee agrees to assume liability for all lessee's property located on the premises.
- D. Lessee is responsible for grounds and no pets allowed.

Failure to adhere to any of the above stated conditions will be termed as a breaking of the lease and shall be grounds for eviction and loss of lessee's deposit.

When signed by the lessee and accepted by the lessor, this document shall constitute a lease agreement, executed this 14<sup>th</sup> day of August year 2018.

Andrew Johnson  
Lessee

Deborah Watkins  
Lessor

919-427-1603

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